B. Determination of an outlier adjustment in Medicaid payment amounts for Disproportionate Share Hospitals for medically necessary inpatient hospital services involving exceptionally high costs or exceptionally long lengths of stay for individuals under one year of age. Exceptionally high costs are costs attributable to critically ill and/or extremely small (low birth weight) individuals who receive services in Neonatal Intensive Care Units (NICU) of hospitals that qualify for outlier payment adjustments. Exceptionally long lengths of stay are stays in excess of forty-five days.

1. Disproportionate Share Hospitals that qualify under VI.A., above, for regular disproportionate share hospital payments and meet all of the following requirements shall qualify for an outlier adjustment in payment amounts. For state fiscal year 2002-2003 payments under this Section will be limited to the hospitals that received a payment under this Section in state fiscal year 2001-2002.

   a. Agree to conform to all agency requirements to assure high quality in the provision of service, including criteria adopted by Department of Health rule 10J-7.003, F.A.C., concerning staffing ratios, medical records, standards of care, equipment, space and such other standards and criteria as specified by this rule.

   b. Agree to provide information to the agency, in a form and manner to be prescribed by rule 10J-7.002(7), F.A.C., of the Department of Health, concerning the care provided to all patients in neonatal intensive care centers and high-risk maternity care.

   c. Agree to accept all patients for neonatal intensive care and high-risk maternity care, regardless of ability to pay, on a functional space-available basis.

STATE Florida
DATE REC'D 6-16-03
DATE APPV'D 11-17-03
DATE EFF 6-7-03
HCFA 179
A

d. Agree to develop arrangements with other maternity and neonatal care providers in the hospital's region for the appropriate receipt and transfer of patients in need of specialized maternity and neonatal intensive care services.

e. Agree to establish and provide a developmental evaluation and services program for certain high-risk neonates, as prescribed and defined by rule of the department.

f. Agree to sponsor a program of continuing education in perinatal care for health care professionals within the region of the hospital, as specified by rule.

g. Agree to provide backup and referral services to the department's county public health units and other low income perinatal providers within the hospital's region, including the development of written agreements between these organizations and the hospital.

h. Agree to arrange for transportation for high-risk obstetrical patients and neonates in need of transfer from the community to the hospital or from the hospital to another more appropriate facility.

2. Hospitals that fail to comply with any of the above conditions, or the rules of the department under Chapter 10J-7, F.A.C., shall not receive any payment under this subsection until full compliance is achieved. A hospital that is non-compliant in two or more consecutive quarters, shall not receive its share of the funds. Any forfeited funds shall be distributed by the remaining participating program hospitals.

3. Outlier payment amounts earned by disproportionate share hospitals that meet all of the qualifications in 1.a. through 1.h., above, shall be in addition to each hospital Medicaid per diem rate.

4. The total of all outlier payment adjustments shall not exceed the amount appropriated.

5. For state fiscal year 2002-2003 only, the outlier payments will be made only to those hospitals that received an outlier payment in state fiscal year 2001-2002. The individual hospital payments in 2002-2003 shall be made in the same proportion as the individual hospital payments were made in state fiscal year 2001-2002. The total outlier payments may not exceed the total amount appropriated as found in Appendix B.

6. The following formula shall be used by the agency to calculate the total amount earned for hospitals that qualify to receive outlier payment adjustments:

TAE = DSR x BMPD x MD

Where:

TAE = total amount earned.

DSR = disproportionate share rate.

BMPD = base Medicaid per diem.

MD = Medicaid days.

7. The total additional payment for hospitals that qualify for outlier payment adjustments shall be calculated by the agency as follows:

TAP = (TAE x TA)/STAE

Where:

TAP = total additional payment for an outlier facility.

TAE = total amount earned by an outlier facility.

STAE = sum of total amount earned by each hospital that qualifies for outlier payment adjustments.

TA = total appropriation for the outlier payment adjustment program. (as found in Appendix B)

8. Distribute the outlier payments in four equal installments during the state fiscal year.

C. Determination of Disproportionate Share Payments for Teaching Hospitals.

1. Disproportionate share payments shall be paid to statutorily defined teaching hospitals for their increased costs associated with medical education programs and for tertiary health care services provided to the indigent. In order to qualify for these payments, a teaching hospital must first qualify for regular disproportionate share hospital payments based on the criteria contained in Section VI.A., above. For state fiscal year 2002-2003, only hospitals that qualified as a statutory teaching hospital and received a payment under this Section in state fiscal year 2001-2002, shall qualify to receive payments in state fiscal year 2002-2003.

2. On or before September 15 of each year, the Agency for Health Care Administration shall calculate an allocation fraction to be used for distributing funds to state statutory teaching hospitals. Subsequent to the end of each quarter of the state fiscal year, the agency shall distribute to each statutory teaching hospital, an amount determined by multiplying one-fourth of the funds appropriated for this purpose times such hospital's allocation fraction. The allocation fraction for each such hospital shall be determined by the sum of three primary factors, divided by three. The primary factors are:

a. The number of nationally accredited graduate medical education programs offered by the hospital, including programs accredited by the Accreditation Council for Graduate Medical Education and the combined Internal Medicine and Pediatrics programs acceptable to

both the American Board of Internal Medicine and the American Board of Pediatrics at the beginning of the state fiscal year preceding the date on which the allocation fraction is calculated. The numerical value of this factor is the fraction that the hospital represents of the total number of programs, where the total is computed for all state statutory teaching hospitals;

b. The number of full-time equivalent trainees in the hospital, which comprises two components:

(1) The number of trainees enrolled in nationally accredited graduate medical education programs. Full time equivalents are computed using the fraction of the year during which each trainee is primarily assigned to the given institution, over the state fiscal year preceding the date on which the allocation fraction is calculated. The numerical value of this factor is the fraction that the hospital represents of the total number of full-time equivalent trainees enrolled in accredited graduate programs, where the total is computed for all state statutory teaching hospitals.

(2) The number of medical students enrolled in accredited colleges of medicine and engaged in clinical activities, including required clinical clerkships and clinical electives. Full-time equivalents are computed using the fraction of the year during which each trainee is primarily assigned to the given institution, over the course of the state fiscal year preceding the date on which the allocation fraction is calculated. The numerical value of this factor is the

fraction that the given hospital represents of the total number of full-time equivalent students enrolled in accredited colleges of medicine, where the total is computed for all state statutory teaching hospitals.

The primary factor for full-time equivalent trainees is computed as the sum of these two components, divided by two.

c. A service index which comprises three components:

(1) The Agency for Health Care Administration Service Index, computed by applying the standard Service Inventory Scores established by the Agency for Health Care Administration to services offered by the given hospital, as reported on the Agency for Health Care Administration Worksheet A-2, located in the Budget Review Section of the Division of Health Policy and Cost Control for the last fiscal year reported to the agency before the date on which the allocation fraction is calculated. The numerical value of this factor is the fraction that the given hospital represents of the total Agency for Health Care Service Index values where the total is computed for all state statutory teaching hospitals;

(2) Volume-weighted service index, computed by applying the standard Service Inventory Scores established by AHCA under Rule 59E-5.503 F.A.C., to the volume of each service, expressed in terms of the standard units of measure reported on the Agency for Health Care Administration Worksheet A-2 for the last fiscal year reported to the agency before the date on which the allocation factor is calculated. The numerical value of this factor is the fraction that the given hospital represents of the total volume-

STATE Florida
DATE REC'D 6-16-03
DATE APP'D 11-17-03
DATE EFF 6-7-03
HCFA 179

A

weighted service index values, where the total is computed for all state statutory teaching hospitals;

(3) Total Medicaid payments to each hospital for direct inpatient and outpatient services during the fiscal year preceding the date on which the allocation factor is calculated. This includes payments made to each hospital for such services by Medicaid prepaid health plans, whether the plan was administered by the hospital or not. The numerical value of this factor is the fraction that each hospital represents of the total of such Medicaid payments, where the total is computed for all statutory teaching hospitals.

3. The following formula shall be utilized by the department to calculate the maximum additional disproportionate share payment for statutorily defined teaching hospitals:

TAP = THAF x A

Where:

TAP = total additional payment.

THAF = teaching hospital allocation factor.

A = amount appropriated for a teaching hospital disproportionate share program. (as found in Appendix B)

D. Mental Health Disproportionate Share Payments

The following formula shall be used by the agency to calculate the total amount earned for hospitals that participate in the mental health disproportionate share program:

$$TAP = \left(\frac{DSH}{TDSH}\right) \times TA$$

STATE Florida
DATE REC'D 6-16-03
DATE APP'D 11-17-03
DATE EFF 6-7-03
HCFA 179

A

Where:

TAP = total additional payment for a mental health hospital

DSH = total amount earned by a mental health hospital under s. 409.911

TDSH = sum of total amount earned by each hospital that participates in the mental health hospital disproportionate share program

TA = total appropriation for the mental health disproportionate share program. (as found in Appendix B)

In order to receive payments under this section, a hospital must participate in the Florida Title XIX program and must:

a. Agree to serve all individuals referred by the agency who require inpatient psychiatric services, regardless of ability to pay.

b. Be certified or certifiable to be a provider of Title XVIII services.

c. Receive all of its inpatient clients from admissions governed by the Baker Act as specified in chapter 394.

E. Determination of Rural Hospital Disproportionate Share/financial assistance program. In order to receive payments under this section, a hospital must be a rural hospital as defined in s. 395.602, Florida Statutes, and must meet the following additional requirements:

a. Agree to conform to all agency requirements to ensure high quality in the provision of services, including criteria adopted by agency rule concerning staffing ratios, medical records, standards of care, equipment, space, and such other standards and criteria as the agency deems appropriate as specified by rule.

b. Agree to accept all patients, regardless of ability to pay, on a functional space-available basis.

c. Agree to provide backup and referral services to the county public health units and other low-income providers within the hospital's service area,

including the development of written agreements between these organizations and the hospital.

d. For any hospital owned by a county government that is leased to a management company, agree to submit on a quarterly basis a report to the agency, in a format specified by the agency, which provides a specific accounting of how all funds dispersed under this act are spent.

(1) The following formula shall be used by the agency to calculate the total amount earned for hospitals that participate in the rural hospital disproportionate share program or the financial assistance program:

$$TAERH = (CCD + MDD)/TPD$$

Where:

CCD = total charity care-other, plus charity care-Hill Burton, minus 50 percent of unrestricted tax revenue from local governments, and restricted funds for indigent care, divided by gross revenue per adjusted patient day; however, if CCD is less than zero, then zero shall be used for CCD

MDD = Medicaid inpatient days plus Medicaid HMO inpatient days.

TPD = total inpatient days.

TAERH = total amount earned by each rural hospital

In computing the total amount earned by each rural hospital, the agency must use the most recent actual data received by July 1 of each year and reported in accordance with s.408.061(4)(a), Florida Statutes.

(a) In determining the payment amount for each rural hospital under this section, the agency shall first allocate all available state funds by the following formula:

DAER = (TAERH x TARH)/STAERH

Where:

DAER = distribution amount for each rural hospital.

STAERH = sum of total amount earned by each rural hospital.

TAERH = total amount earned by each rural hospital.

TARH = total amount appropriated or distributed under this section. (as found in Appendix B)

Federal matching funds for the disproportionate share program shall then be calculated for those hospitals that qualify for disproportionate share payments under this section.

(b) For state fiscal year 1996-97 and subsequent years, the following steps shall be used to determine the rural disproportionate share payment amount for each hospital.

(1) The agency shall first determine a preliminary payment amount for each rural hospital by allocating all available state funds using the following formula.

PDAER=(TAERH x TARH)/STAERH

Where:

PDAER = preliminary distribution amount for each rural hospital.

TAERH = total amount earned by each rural hospital.

TARH = total amount appropriated or distributed under this section.

STAERH = sum of total amount earned by each rural hospital.

STATE Florida
DATE REC'D 6/16/03
DATE APPV'D 11-17-03
DATE EFF 6-7-03
HCFA 179

A

(2) Federal matching funds for the disproportionate share program shall then be calculated for those hospitals that qualify for disproportionate share in section (E)(1) above.

(3) The state funds only payment amount is then calculated for each hospital using the formula:

SFOER = Maximum value of (1)SFOL - PDAER or (2) 0

Where:

SFOER = state funds only payment amount for each rural hospital

SFOL = state funds only payment level, which is set at 4% of TARH.

(4) The adjusted total amount allocated to the rural disproportionate share program shall then be calculated using the following formula:

ATARH = (TARH - SSFOER)

Where:

ATARH = adjusted total amount appropriated or distributed under this section (as found in Appendix B)

SSFOER = Sum of the state funds only payment amount (E)(3) for all rural hospitals.

(5) The determination of the amount of rural DSH funds is calculated by the following formula:

TDAERH = ((TAERH x ATARH)/STAERH)

Where:

TDAERH = total distribution amount for each rural hospital.